

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90190 038 \*\*\*\*61.25

**DOCUMENT # N93000000163**

1. Entity Name

**TURTLE & TORTOISE CLUB OF FLORIDA, INC.**



Principal Place of Business

% CHAD CURTIS  
2328 GISELLE CT  
SAINT CLOUD FL 34772

Mailing Address

% CHAD CURTIS  
2328 GISELLE CT  
SAINT CLOUD FL 34772

2. Principal Place of Business

% CHARLES H GAUT

3. Mailing Address

% CHARLES H. GAUT

Suite, Apt. #, etc.

1419 BEVERLY POINT ROAD

Suite, Apt. #, etc.

1419 BEVERLY POINT ROAD

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

34748

Country

Zip

34748

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CURTIS, CHAD  
2328 GISELLE C T  
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

CHARLES H GAUT

Street Address (P.O. Box Number is Not Acceptable)

1419 BEVERLY POINT ROAD

City

LEESBURG

FL

Zip Code

34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles H. Gaut

CHARLES H. GAUT

MAY 17 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME KRAL, HENRY  
STREET ADDRESS 200 WEST 3RD ST  
CITY-ST-ZIP OVIEDO FL 32766

TITLE DV ☒ Delete  
NAME WILLIAMS, GRAHAM  
STREET ADDRESS 4500 FALLING ACORN CIR  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DT ☒ Delete  
NAME CURTIS, CHAD R  
STREET ADDRESS 2328 GISELLE CT  
CITY-ST-ZIP SAINT CLOUD FL 34772

TITLE DS ☒ Delete  
NAME WALSH, EDITH  
STREET ADDRESS 169 PLUMDEUS DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition  
NAME WILLIAMS, GRAHAM  
STREET ADDRESS 4500 FALLING ACORN CIRCLE  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DV ☐ Change ☒ Addition  
NAME KING, MICHAEL A.  
STREET ADDRESS 14619 KITLANSELT WAY  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE DT ☐ Change ☒ Addition  
NAME GAUT, CHARLES H  
STREET ADDRESS 1419 BEVERLY POINT ROAD  
CITY-ST-ZIP LEESBURG FL 34748

TITLE DS ☐ Change ☒ Addition  
NAME JENNINGS, STACEY  
STREET ADDRESS 324 E. ALPINE ST  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles H. Gaut

CHARLES H. GAUT

MAY 17 2003

352-787-8542

CR2E037 (10/02)